## FORM 3

## [See rule 8]

## Certificate Of Registration ART clinic (Level 1/Level 2 )/ART bank (To be issued in duplicate)

Certificate No.:TS/AC/L2/085

- 1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority <u>Telangana State</u> hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of 28.01.2023 ending on 27.01.2028
- (a) Name and address of the ART Clinic; **ZIVA EMBRYOLOGY AND FERTILITY INSTITUTE**,

45/B, SREE LAKSHMI AGAR, MANIKONDA, JAGIR, HYDERABAD, TELANGANA, 500089

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Madhav Yendru	MS Ortho	40574
2	Gynaecologist	Dr K Nayani Sri	D N B , OBGYN, Fellowship Programme in Reproductive Medicine	70075
3	Embryologist	Ms Suvarchala Vardhan Chekuri	Master of Clinical Embryology	

- (b) Type of institution (Government or Private) and; Private
- (c) Type of facility: Level 2

Date: 28.01 .2023

Place: Hvderabad

OR

- (a) Name and address of the ART Bank;
- (b) Type of institution (Govt. / Private).
- 2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.
- 3. Registration No. allotted: TS/AC/L2/085

Signature, Name and Designation of the Appropriate Authority

Chair Person & State Appropriate Authority SEAL

Assisted Reproductive Technology (Regulation) Act &

Display one copy of this certificate at a conspicuous place at the place of business.

\* Strike out whichever is not applicable or necessary